

	<p align="center"><b>UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE ELECTRONIC FILING REGISTRATION FORM</b></p> <p align="center"><b><i>FOR ATTORNEYS IN MULTI-DISTRICT LITIGATION (MDL) CASES WHO ARE NOT ADMITTED TO THE BAR OF THIS COURT</i></b></p>
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Instructions: Attorneys of record in Multi-District Litigation (MDL) cases, who are not members of the bar of this Court, shall register for ECF on a case-by-case basis. Submit an original signed registration form to the Clerk's Office to request an ECF account. After verification, a user ID and password will be provided. Registration will be valid for electronic filing and noticing in this case only.

WEBSITE: WWW.DED.USCOURTS.GOV

(Please Print or Type all information)

CASE CAPTION:	DIST. OF DE MDL CA #
v.	

Internet E-Mail Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ Generation: (e.g., Jr., Sr.) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Firm's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have a PACER Account (required)? ☐ Yes ☐ No

Phone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

By submitting this form, I hereby agree to abide by all District of Delaware rules, orders, policies and procedures governing the use of ECF. I have independently reviewed both the ECF User's Manual and Civil Tutorial on the Court's web site. I consent to receive service of documents and notice of filings by electronic means via ECF in the circumstances permitted under those guidelines. I understand that the combination of user ID and password will serve as the signature of the attorney filing the document. I agree to protect the security of my password and immediately notify the Clerk of Court if I suspect that my password has been compromised. Also, as a participating attorney, I will promptly notify the Clerk's Office if there is a change in my personal data, such as name, e-mail address, firm address, phone number, etc. I further understand that my user ID and password are valid for this MDL action only.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<p>Submit completed registration form to:</p> <p>Clerk U.S. District Court for the District of Delaware ATTN: ECF Registration Room 4209, Lockbox 18 844 N. King Street Wilmington, DE 19801  (302) 573-6170</p>	<p><b>COURT USE ONLY:</b> <span style="float: right;">(ECF MDL Atty Reg Form - Rev 3/05)</span></p> <p>DATE REGISTRATION FORM RECEIVED: _____</p> <p>USER ID: _____ PASSWORD: _____</p> <p>DATE ISSUED: _____ HY: _____</p>
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